			`						7		(29/3	509	8
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(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA									PE		Ol	R SMA	LLENT	ΠY
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DEPENDEN		minus 3 =			• —			X39≈			OF		-17-	ω .
MULTIPLE DEPENDENT CLAIM PRESENT								+13	Λ_		7		┪—	
If the difference in column 1 is less than zero, enter "0" in column 2							TOT	_		OR	<u> </u>		,_	
	CLAIMS	SASA	MENDE	D - P	ART II			101	~		_JOR		. 64	
		<u>mn 1)</u>		(0	olumn 2) IGHEST	(Column	3)	SMA	LL E	NTITY	OR	SMAL	R THAI L ENTI	N Y
	REMA AFT AMENIC	INING ER		PR	UMBER EVIOUSLY UD FOR	PRESEN EXTRA	7	RAT	E	ADDI- TIONAL FEE]	RATE	ADI TION FE	WL
Total independen	. 2		Minus	0	22	•]	XS 8			OR	X\$18-	1 - 5 - 5	5
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11-23	(Colum	าก 1)		(Co	lumň 2)	(Column :	**	ADDIT. F			OR,	DOIT, FEI		-
Total Independent	REMAIN			HI	SHEST MBER	PRESENT	۱ ۲		17	ADDI-	l F		ADD	_
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ha antry in ent-	ma 1 is less "			-		<u>:</u>		+130=		d	A .	260=	-	
the entry in column 1 is less than the entry in column 2, write "0" in column 3. The "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL OIT, FEE			R A	TOTAL	•	7
	ber Previousi								_			OIT. FEE		

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